

(A)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

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MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

FEB 12 2008

Robert Williams
20070013791

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: 07C 6646
(To be supplied by the Clerk of this Court)

Cook County
Sheriff Department

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

 COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

✓ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331(a) U.S. Code (federal defendants)

 OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: Robert Williams
- B. List all aliases: none
- C. Prisoner identification number: # 20070013791
- D. Place of present confinement: COOK County Jail
- E. Address: PO Box 089002

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: COOK County Department of C.C.
 Title: Sheriff Department
 Place of Employment: COOK County Jail
- B. Defendant: Medical Department
 Title: Medical Swab
 Place of Employment: COOK County Jail
- C. Defendant: _____
 Title: _____
 Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES (☒) NO () If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES () NO (☒)

C. If your answer is YES:

1. What steps did you take?

none

2. What was the result?

none

3. If the grievance was not resolved to your satisfaction, did you appeal?

What was the result (if there was no procedure for appeal, so state.)

none

D. If your answer is NO, explain why, not:

Because i got information about a
lawsuit already filed but wasn't eligible
so i filed my own because I also was a victim.

E. Is the grievance procedure now completed? YES () NO (✓)

F. If there is no grievance procedure in the institution, did you complain to authorities? YES () NO (✓)

G. If your answer is YES:

1. What steps did you take?

2. What was the result?

H. If your answer is NO, explain why not:

Because i got information about a lawsuit already filed but wasn't eligible.

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: none
- B. Approximate date of filing lawsuit: none
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: none
- D. List all defendants: none
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): none
- F. Name of judge to whom case was assigned: none
- G. Basic claim made: none
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): none

H. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I've been coming in and out the Cook County Jail for the last twenty years, on at least 10 different occasions I've been swabbed coming through receiving it was brought to my attention that they wasn't suppose to be sticking anything into my penis it hurt really bad this happen on numerous occasions.

[illegible]

VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I want to be Compensated for
my pain and Suffering, In ^{ADK} for 1.5 m
and I want to make Sure no one
goes through what I went Through.

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 14 day of Jan, 20 08

Robert Williams

(Signature of plaintiff or plaintiffs)

Robert Williams

(Print name)

20070013791

(I.D. Number)

P.O. Box 089002

(Address) Chgo Ill, 60608